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M. THOMAS

JUL 3 1 2009

**EXAMINER** 

## **COVER LETTER**

Division of Corporations			
SUBJECT: VJ Consulting, LLC  Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
JAY L. Steinberg  Name of Person  VJ Consulting, LLC  Firm/Company  Address  Address  Fig. 1881 1881 1881 1881 1881 1881 1881 18			
BELICENIR, FL. 33756  City/State and Zip Code  Stein berg   Qynhou. Com  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Jay L- Steinberg at (77) 437-7109 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:			
\$25 Filing Fee \$ Certified Copy			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	Consulting, LLC		
2. (a) Principal office address of limited liability company	415 Poinsettin RD		
(Note: MUST BE STREET ADDRESS)	Bellenir, FL 33756		
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	415 Poinsettia Ro Belleme, FL 33756		
8/11/2003	1703000002704		
3. Date of filing/registration in Florida	Document number		
5. (a) Registered Agent and Registered Office shown on the			
Registered Agent:	Joves, Vance A		
Registered Office Address:	7531 Embassy Blus MIRAMAR, FL 33023		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW Registered Agent</u> :	Registered Office address		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	136 LUCAIR SE 33756		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or type) name of signee			
I hereby accept the appointment as registered agent and ageomply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.		
Signature of Registered Agent			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00			